

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:53

1. DOCUMENT # M01000002359

Name and Mailing Address

0015415 01 MB 0.309 **AUTO T7 0 0615 10583-440254



ZS SERVICE CHAMP L.L.C.
54 MORRIS LANE
SCARSDALE NY 10583-4402



2. New Mailing Address		4. State/Country of Formation DE	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/22/2001	
Principal Place of Business 54 MORRIS LANE SCARSDALE NY 10583	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 13-4190852	Applied For Not Applicable
8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400024576914 11/10/03--01120--002 **150.00 City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <i>Brian Courtney</i> SIGNATURE REQUIRED Date <i>10/27/03</i> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SHERWOOD, NED L	54 MORRIS LANE	SCARSDALE NY 10583
MGR	HORNE, ROBERT A	54 MORRIS LANE	SCARSDALE NY 10583
MGR	OYSTER, JEFFERY A	54 MORRIS LANE	SCARSDALE NY 10583
REINSTATEMENT <i>03 Dec</i>			

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager *Ph...* **SIGNATURE REQUIRED** Date *11/7/03* Daytime Phone *2123786200*

Typed or printed name of signing Managing Member/Manager